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## 2022-2023 Child Support Received Form

**STUDENT:** \_\_\_\_\_ **FIDN#: A** \_\_\_\_\_  
Last Name First Name

Please clarify the amount of child support received by your parent(s) in 2020.

**Enter “0” if the answer is Zero. Do not leave blank.**

Total Amount of Child Support Received by your parent(s) in 2020: \$ \_\_\_\_\_

**By signing this form, I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.**

**We do not accept electronic signatures.**

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<b>Student’s Name (Print)</b>	<b>Student’s Signature</b>	<b>Date</b>
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<b>Parent’s Name (Print)</b>	<b>Parent’s Signature</b>	<b>Date</b>
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